

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000143

FILED
May 01, 2004
Secretary of State**Entity Name:** DANIEL WEBSTER PERKINS BAR ASSOCIATION, INC.**Current Principal Place of Business:**101 ESAT UNION ST
200
JACKSONVILLE, FL 32202**New Principal Place of Business:****Current Mailing Address:**101 EAST UNION ST
200
JACKSONVILLE, FL 32202**New Mailing Address:****FEI Number:** 59-3289101**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAWRENCE, NOEL G ESQ.
101 EAST UNION STREET
200
JACKSONVILLE, FL 32202 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAWRENCE, NOEL G ESQ
Address: 101 EAST UNION STREET STE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD () Delete
Name: BUTLER, TAMMY D
Address: 225 WATER STREET SUITE 2020
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete
Name: ERELL, BRENDA B
Address: 1301 RIVERPLACE BLVD STE 1500
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD (X) Delete
Name: VAN DAVIS, DEXTER
Address: 1200 RIVERPLACE BLVD STE 810
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: DEMPSEY, DONALD L II
Address: 4321 ROOSEVELT BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: EZELL, BRENDA B
Address: 117 W. DUVAL ST. SUITE 480
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY D. BUTLER

T

05/01/2004

Electronic Signature of Signing Officer or Director

Date